

CEREBRAL IRRITATION.

According to the *Journal de Médecine et de Chirurgie*, November 10, 1891, Dr. Jules Simon lays great stress upon a condition in children that he calls cerebral irritation. There is an overactivity of mind, a too ready response to external stimuli. No organic lesion exists, the faculties are seemingly normal, yet the child is unable to make use of his intellectual powers. Sometimes cerebral irritation appears in infancy, and thus special care is necessary to ward off possible epilepsy or cerebral sclerosis. These children often recover when heredity is good. Syphilis or tuberculosis in parents, or alcoholism, gives the child attacked with cerebral irritation scarcely a chance of recovery. The only favorable prognosis is when the cause can be considered accidental. Children thus afflicted are generally sad, somewhat melancholy even, of such mental unsteadiness that it is impossible for them to follow the simplest ideas. They are cruel to animals and later in life sometimes become incendiaries. They have no judgment because they have no memory. The organs of special sense are particularly sensitive. Bright objects attract, rhythm of certain kinds will quiet them, they have some idea of music and figures when these make no special demand upon the reasoning faculties. The mood is capricious in the extreme, caresses and severity are equally inefficacious to avert or break up crises to which these patients are subject. The majority of these children have epileptoid attacks. In those who are very young there are instead excitements and movements that are constant. Sometimes the crisis consists in a violent localized pain or in some impulsive movement. Such cases must be isolated, as perfect quiet is absolutely essential. Bromide of potassium in increasing doses, iodide of potassium, mercury and valerian are remedies that give good results. The bromide and iodide act well in alternation. In very young children it is wise to give bromide of potassium for three days only, allowing a brief period of repose before the next three days. Baths seem to exaggerate the anæsthesia of the skin. Without proper environment there is very little hope of cure.

L. F. B.

ACUTE INFECTIOUS POLY-NEURITIS.

The *Journal de Médecine et de Chirurgie*, November 10, 1891, refers to Dr. Havage's published case of poly-neuritis.

It is to-day understood that paralysis following acute infectious disease is due to peripheral nerve disorder, rather than to some affection of the central nervous system, as was formerly supposed. There is also a primary polyneuritis, developing without antecedent infectious disease. The case in question was of this nature. The patient apparently had an attack of gripe. In a few days there was a sensation of heaviness in the hands and feet, in the lips and the tip of the tongue. There was rapid aggravation of the symptoms, a true paralysis of the arms, together with painful anæsthesia in the hands and feet. Imperfect digestion and albuminuria were also present, but no fever. A few days later there was difficulty of speech due to paralytic inertia of all the facial muscles. Some bulbar implication suggested itself, but the trouble became no worse, and finally disappeared after cauterization of the spine and injections of sulphate of strychnine. The patient recovered completely in about six weeks. The symptom of longest duration was a paralysis of one of the left eye-muscles.

L. F. B.

MULTIPLE NEURITIS.

In *Médecin Moderne*, November, 1891, there is an account of several cases presented by Dr. A. Frankell, who quotes Leyden to the effect that the central nervous system can take part in multiple neuritis. Recent investigations have demonstrated that not only the gray matter of the cord but the white substance also may be involved as in locomotor ataxia. Phal has shown that multiple neuritis is a toxic process involving different parts of the nervous system; and this makes correct diagnosis often difficult and sometimes impossible, for there are similar ataxic and neuritic symptoms in multiple neuritis and tabes. The neuritic manifestations of the latter disease have been carefully studied and noted by Déjerine, Jolly, and Goldscheider. The first history Dr. Frankel recounted was that of an alcoholic patient fifty years old, who presented, besides the usual symptoms of neuritis, well-marked amnesia. Psychic phenomena are rare in neuritis and must be classed among brain lesions. This patient's general condition was bad, there being considerable prostration, as in brain troubles generally. There was gradual sinking and death. The autopsy revealed a softening of the myeline of the peripheral nerves, and a normal spinal cord. The second patient was a dwarfish little fellow of fourteen, of extremely light weight, who, under the influence of proper food and exer-